



ELIZABETH MORGAN AND ASSOCIATES

CONFIDENTIAL ESTATE AND DISABILITY PLANNING QUESTIONNAIRE (MARRIED COUPLE)

General Information

Home Address: _____

Home Phone Number: _____

E-mail at home: _____

Names of Children: _____

Children's Birth Dates: _____

Wife: Name: _____ (as it should appear on your documents)

Husband: Name: _____ (as it should appear on your documents)

Date of Birth: _____

Date of Birth: _____

SSN: _____

SSN: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Address: _____

Address: _____

Work Phone: _____

Work Phone: _____

Work Fax: _____

Work Fax: _____

Cell Phone: _____

Cell Phone: _____

Citizenship: U.S. Other Specify: _____

Citizenship: U.S. Other Specify: _____

Marital History

Date and place of your marriage: _____

Have you or your spouse been previously married?

If yes, did the marriage end because of:

_____ Death; please give date and place

_____ Divorce; please give date and place

List the states where you have lived since your marriage and the dates you lived in each state:

If yes, please indicate children shown above that were born to a previous marriage.

Wife's Estate Planning:

Previous Estate Planning Instruments

Do you presently have a will?

Yes No

If so, please return a copy with this Questionnaire.

Have you ever established a trust?

Yes No

If so, please return a copy with this Questionnaire.

Are you or any of the members of your immediate family beneficiaries of any estates or trusts?

Yes No

Are you or any of the members of your immediate family a trustee now (or are you or they likely to be a trustee in the future) of a personal trust?

Yes No

Selection of Representatives

Executor¹: _____

Relationship to Wife: _____

City & State: _____

1st Successor Executor: _____

Relationship to Wife: _____

City & State: _____

2nd Successor Executor: _____

Relationship to Wife: _____

City & State: _____

Trustee²: _____

Relationship to Wife: _____

City & State: _____

1st Successor Trustee: _____

Relationship to Wife: _____

City & State: _____

2nd Successor Trustee: _____

Relationship to Wife: _____

City & State: _____

Trustee Appointer³: _____

Relationship to Wife: _____

City & State: _____

Wife's Declaration of Guardian of Children:

Guardian of Children: _____

Relationship to Wife: _____

Address (City & State): _____

1st Successor Guardian: _____

Relationship to Wife: _____

Address (City & State): _____

2nd Successor Guardian: _____

Relationship to Wife: _____

Address (City & State): _____

Wife's Financial Power of Attorney:

Agent: _____

Relationship to Wife: _____

Address (City & State): _____

1st Alternate Agent: _____

Relationship to Wife: _____

Address (City & State): _____

2nd Alternate Agent: _____

Relationship to Wife: _____

Address (City & State): _____

Do you want the Agent appointed under your financial power of attorney to act as guardian of your estate in the event of your incapacity? Yes No

Wife's Medical Power of Attorney:

Agent: _____

Street Address: _____

City, State & Zip: _____

Telephone: _____

1st Alternate Agent: _____

Street Address: _____

City, State & Zip: _____

Telephone: _____

2nd Alternate Agent: _____

Street Address: _____

City, State & Zip: _____

Telephone: _____

Do you want the Agent appointed under your medical power of attorney to act as guardian of your person in the event of your incapacity? Yes No

Do you want a Living Will (Directive to Physicians)?

Yes No

Do you want funeral directives?

Yes No

¹ An executor is the person (or banking institution) responsible for taking control of your property at your death, winding up your affairs and distributing your estate in accordance with your will.

² A trustee is the person (or banking institution) who holds, manages and invests assets for the benefit of your spouse, children or other persons for whom such an arrangement is desirable.

³ This person will appoint a successor trustee in the event that all named trustees fail to serve.

Husband's Estate Planning:

Previous Estate Planning Instruments

Do you presently have a will?

Yes No

If so, please return a copy with this Questionnaire.

Have you ever established a trust?

Yes No

If so, please return a copy with this Questionnaire.

Are you or any of the members of your immediate family beneficiaries of any estates or trusts?

Yes No

Are you or any of the members of your immediate family a trustee now (or are you or they likely to be a trustee in the future) of a personal trust?

Yes No

Selection of Representatives

Executor⁴: _____

Relationship to Husband: _____

City & State: _____

1st Successor Exec: _____

Relationship to Husband: _____

City & State: _____

2nd Successor Exec: _____

Relationship to Husband: _____

City & State: _____

Trustee⁵: _____

Relationship to Husband: _____

City & State: _____

1st Successor Trustee: _____

Relationship to Husband: _____

City & State: _____

2nd Successor Trustee: _____

Relationship to Husband: _____

City & State: _____

Trustee Appointer⁶: _____

Relationship to Husband: _____

City & State: _____

Husband's Declaration of Guardian of Children:

Guardian of Children: _____

Relationship to Husband: _____

Address (City & State): _____

1st Successor Guardian: _____

Relationship to Husband: _____

Address (City & State): _____

2nd Successor Guardian: _____

Relationship to Husband: _____

Address (City & State): _____

Husband's Financial Power of Attorney:

Agent: _____

Relationship to Husband: _____

Address (City & State): _____

1st Alternate Agent: _____

Relationship to Husband: _____

Address (City & State): _____

2nd Alternate Agent: _____

Relationship to Husband: _____

Address (City & State): _____

Do you want the Agent appointed under your financial power of attorney to act as guardian of your estate in the event of your incapacity? Yes No

Husband's Medical Power of Attorney:

Agent: _____

Street Address: _____

City, State & Zip: _____

Telephone: _____

1st Alternate Agent: _____

Street Address: _____

City, State & Zip: _____

Telephone: _____

2nd Alternate Agent: _____

Street Address: _____

City, State & Zip: _____

Telephone: _____

Do you want the Agent appointed under your medical power of attorney to act as guardian of your person in the event of your incapacity? Yes No

Do you want a Living Will (Directive to Physicians)?

Yes No

Do you want funeral directives?

Yes No

⁴ An executor is the person (or banking institution) responsible for taking control of your property at your death, winding up your affairs and distributing your estate in accordance with your will.

⁵ A trustee is the person (or banking institution) who holds, manages and invests assets for the benefit of your spouse, children or other persons for whom such an arrangement is desirable.

⁶ This person will appoint a successor trustee in the event that all named trustees fail to serve.

Disposition of Property

1. *In general, describe the way you want your property to pass upon your death.*

Wife:

If your husband survives you.

If your husband does not survive you.

If neither your husband nor your children (or grandchildren) survive you.

Husband:

If your wife survives you.

If your wife does not survive you.

If neither your wife nor your children (or grandchildren) survive you.

2. *Special provisions with respect to any specific properties? (Specific cash amounts, heirlooms, jewelry, art objects, auto, real estate, etc.)*

Wife:

Husband:

3. *Age at which trusts for minors should terminate?* _____

Financial Data

1. *Assets.* On the attached page, please provide us with a list of all your assets – those that will pass under the Will and those that will pass outside of the Will. Indicate approximate values and whether such property is the separate property of one of you (and whose property it is) or community property (see definitions below.). Include securities, bonds, mutual funds, insurance policies, real estate, autos, boats, planes, livestock, tangibles, IRAs, pension plans, and all other assets. If there is a loan or mortgage against a property, indicate the amount. With respect to employment benefits, indicate the type of plan (i.e., pension, thrift, profit-sharing, government disability, retirement pay, teacher’s retirement, stock options, etc.) and the name, address, and phone number of an individual at the entity which administers the plan who can provide additional information, if needed. With respect to insurance policies, please list the issuer, type of policy (term, whole life, variable, universal), face value (death benefit), and cash value, if any.

Separate property. Separate property may generally be described as property which a spouse brought into the marriage, property earned or acquired after marriage but while living in a non-community property state, and property acquired by a spouse by gift, devise or inheritance. It also includes sale proceeds of any such property, as long as the proceeds are not commingled with community property.

Community property. Community property may generally be described as property earned or acquired after marriage and while residing in Texas or another community property state.

Please indicate the manner in which bank accounts, deposit certificates, and securities are held or registered. Possibilities include: (1) both of your names, (2) both of you as joint tenants with right of survivorship (JTWROS), (3) one of your names and payable on death to the other, or to another person, and (4) one of your names “in trust for” the other, or to another person. Also indicate the beneficiary designations of life insurance, IRAs, pension benefits, and the like. All of these assets go outside of the Will to the persons named in the “contract” with the bank, broker, insurance company, etc. If not too inconvenient, provide us with copies of the actual “contract” – like a signature card, account agreement, beneficiary designation.

If you expect to inherit any property from a relative, please provide us with a general description, source, and approximate value.

If you are the beneficiary of a trust, are serving as a fiduciary (Trustee), have a life estate, a general or special power of appointment, please provide us with copies of the underlying documents.

If you own an interest in a business or businesses (as a partner, sole proprietor, shareholder, etc.) please provide us with copies of the underlying documents along with general information relating to ownership, nature, and value of the business and any plans or arrangements relating to the disposition of a deceased owner (like a buy-sell agreement).

2. *Gifts.* Have you made gifts that exceed the annual gift tax exclusion? If so please list those gifts and provide copies of any gift tax returns that were filed.

3. *Income Amount.*

Wife:

Annual Salary \$ _____

Any income in excess of salary
(describe sources):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Salary \$ _____

Husband:

Annual Salary \$ _____

Any income in excess of salary
(describe sources):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Salary \$ _____

STATEMENT OF ASSETS

NOTE: The simplest way to provide the relevant information may be to include copies of your most recent monthly or quarterly statements regarding the accounts and other assets listed below.